

Cash Donation Form

Please make checks payable to: City of Arlington

Company/Organization Name:	
Company Mailing Address:	
Contact Name:	
Phone Number:	
E-mail address:	
My donation is for:	
Project Coordinator or Contact (if known):	
Amount of donation:	
Can we count on you for a yearly donation to this proje	ect? yes no
In the event that a portion of your donation is remainin to:	g after completion of the project, would you like the donation
be used for the same project next year	
go to a similar community project in the same dep	partment
be used for another city event	
be returned	
Your donation may be tax deductible; would you like t yes no	o receive a receipt for your records?
This form will serve as your receipt. This donation wa	s received with no goods or services provided.
Signature	
Thanks for your donation! Please return this form, along with the donation to:	City of Arlington Internal Use Only
Paulette Uzée	Amount Received: Date:
Finance Department City of Arlington	Received by:
Box 90231	Copy sent to Department on:
MS 63-0800 Arlington, Texas 76004-3231	Copy sent to Donor on:
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